AZ Medicaid Technical Consortium Meeting

February 2, 2005
9:00 AM to 10:00 AM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS	CHS	Pinal LTC
Dimiter Pekin	*Marcia Goerdt (teleconference)*	*Susan Murphy*
Brian Heise	*Susan Speicher (teleconference)*	**PHP**
AHCCCS	*Major Williams*	*Wayne Foster*
Dick Azzi	**DES**	*JoAnn Ward*
Kathy Bezon	*Pat Fizer*	**University Family Care**
Deborah Burrell	*Major Williams*	*Kim Bolton*
LeRoy Geske	*Nicole Yarborough*	*Kathy Steiner*
Brenda Hays	**HCSD**	*Jean Warner*
Ester Hunt	*Michael Wells (teleconference)*	**UHC**
Keith Kent	*Jessica Lennick*	*Alexia Cathers (teleconference)*
MaryKay McDaniel	*Mark Messer*	*Sean Stepp (teleconference)*
Linda Stubblefield	**MCP & Schaller**	**Verizon**
APIPA	*Cathy Jackson-Smith*	*Larry Bryce*
Lucy Markov	*Melanee Jones*	**Yavapai County**
Care1st	*Anne Romer*	*Becky Ducharme (teleconference)*
Anna Castaneda	*Art Schenkman*	*Jean Willis (teleconference)*

Welcome (Lori Petre)
Good morning, thank you all for coming. We started out with a light agenda today, but MaryKay has added some items she wanted to discuss near the end. We will try to complete this within the hour.

As always, behind the agenda is a copy of the meeting minutes from the last meeting. If you have any corrections, clarifications or anything to note, please let us know, they are these are the formal public records. We ask that you look over anything we've recorded.

There are several Follow-Up items.

Outpatient Fee Schedule Project (Lori Petre):
Outpatient Fee Service Project meeting will be held right after this one. Any of you who are not usually in attendance are welcome to join us. That meeting has a very full agenda today, so hopefully we can get through all of that within our allotted hour.

Action Code AE (Dennis Koch):
Lori Petre – There are several emails relating to the Action Code AE in your packets. Dennis Koch will talk about these briefly to clarify any questions you may have on this subject. Mary Kay created a write-up that answered some specific questions we had received, but we wanted to be certain to answer any other questions you may have.

Dennis Koch – We found that the AE action code is marked as a Disenroll, but you do not have a reason code for it. It doesn't appear to be a significant change, but we need to give you the full 90 days to effect your changes if necessary.

Mary Kay McDaniel – We want to stress that all of you are seeing it as a Disenroll. The only problem is you are receiving a blank reason code. The reason that happens is that it was added on the internal User Code table as an Add. So, we are going to fix that.

Lori Petre – We can make the change before 90 days if you're comfortable with that. The change is ready; we just need to make sure you're comfortable with the change. Please email us and let us know in the next couple of days if we need to delay this implementation. Otherwise, we can start putting it up into production.

Encounters 837/277U (Lori Petre):
Hopefully Brent will join us, so he can brief you on Encounters.

Directly behind the information concerning the AE fix, are the emails I sent out to everyone last Friday to clarify when we'll be running Test Encounter Cycles now. That will be once a week on Thursday night. It will be a full Encounter Cycle, loads, Audits, Edits. From that cycle, you should receive the adjudicated file and the pend file. If you have any questions or problems with that, please let us know. Occasionally we may need to run more than one cycle in a week, and we will let everyone know, if that's the case. This allows better control of content.

 Brent is finalizing the official cut-off date for Encounters. CMS has been asking for this, as we've been testing Encounters for over a year. There was a meeting this week between Brent, Mike, and myself to discuss this. Our understanding is they have finalized a cutover date, and it is very generous. They will be publishing it shortly. As it is such a generous date, we don't anticipate your having to do much in the way of contingency planning. You should certainly be able to meet this. This will be the cutover date for both the 837 and NCPDP.

HP – Are some of the other Health Plans already live?
Lori Petre – Our sister agencies are, DES, DHS-BHS/CRS. They've been live for quite some time now. Since the summer. From what I understand, Mercy Care is pretty close, too.

Brent also wanted to talk about anesthesia. So we will discuss this and whatever updates relate to that later if Brent is able to join us.

ACTION ITEMS/ISSUES (Lori Petre):
Concerning Action Items and Issues, we have not heard back on the question from last time on the Security Guidelines and what some of the requirements and process of that are.

Dennis will follow up to validate the correctness of the BBA Action Item.

Other Topics (Mary Kay McDaniel):
Where are you with the NPI? As of 5/23/2005, NPI is allowed on all the transactions, and providers can apply for it at that time.

HP – We're trying to convince our Operations they need to do that.
Mary Kay McDaniel – How many of you have done gap analyses; do you know what systems changes will be required? Well, again, as of 5/23/05, your providers can apply for NPI. The decisions need to be made relatively soon as to whether you will allow the providers to use NPI on paper claims. The decision does not rest with AHCCCS; it's up to each of you. We can't make the processing changes for your internal systems. We can help you with the gap analysis. I'm here to answer some questions for you. At some point, there will be a cutover for Encounters. We will not be using the AHCCCS ID number; we'll be using the NPI. We're meeting on a weekly basis to discuss this. AHCCCS will require a covered entity to apply for an NPI. We're doing that to help with the referral issue area of the 837.

Also, another issue with the NCPDP transaction; there is no secondary ID position for two ID numbers on the NCPDP transactions. So you will use either the NPI or the existing ID number you are using. NCPDP will be coming out with an edit in 2006 stating that the DEA number will not be used on claims transactions a rumor. Please submit questions concerning this to AHCCCS; we are putting together an executive summary right now. AHCCCS will change front end and back end. We are not changing the internal systems.

HP – Will the NPI ID be used in place of the AHCCCS IDs on encounters as of 5/01/2005?
Mary Kay McDaniel – We discussed that at the meeting yesterday. My guess would be no, as not enough people are ready. The date is actually May 23, 2005, but the timeframe for the enumerator to assign an NPI is 30 days. Even if a provider requests the NPI immediately, then, it will be some time in June before they even receive the NPI number. Then it has to be submitted to AHCCCS before they can use it on a claim. There will be a period of time where AHCCCS accepts both the NPI and the AHCCCS ID.

HP – Will AHCCCS be changing the provider files?
Mary Kay McDaniel – AHCCCS carries the alt ID type. The answer to your question is yes. The problem is AHCCCS has one ID per Hospital system. With the NPI, hospitals can split up their systems into several NPIs, the Radiology department separate from the Outpatient Surgery, etc. AHCCCS will continue to have only one AHCCCS ID number. Even if we send it across to you with one AHCCCS ID numbers, there can still be twelve NPIs. Health Plans might want to participate in these discussions. There has not been a lot of feedback from CMS. CMS is concerned about two things: bulk enumeration and how people can get to the data. They are struggling with the privacy act of 1974. They are looking at having to create new tables and they should let us know something about that in the next six months. They expect bulk enumeration, they just don't know when. The system is being tested by CMS as we speak. The enumerator RFP has not been elected. CMS has said they will meet the need even if they can't find someone immediately to run the system. AHCCCS is working with a coalition of medicaid states through the NMEH to discuss with CMS about why we can't enumerate through our own enumerator systems non-covered providers. We've been doing this for administrative simplification; the bottom line is it is a savings for everybody. They haven't told us no, or that it's a funding issue. There are discussions but I don't know what will happen.

UB92/UB04 public comment period ended February 1st. Most people didn't have any problems with the forms. The biggest issue is that the signature line goes away. Unless there are major comments regarding that, I don't see it being held back.

Claims attachments, the NMEH workgroup is working on non-emergency transportation. We're hoping to have that done in the next few meetings. It will be turned over at HR7.

The Children's' Preventative Health Care Services attachment is almost complete. It will go out to ballot at HR7 within the next three weeks.

Children's EPSDT form, there are two states rumored to be actively changing their law to state that if there is an attachment that covers the need, you cannot mandate that providers provide you with other documentation. It looks popular, but I don't know if it will happen here in AZ.

There is a Claims Attachment survey out. Please take it. WEDI, X12, H07 and Edifact have put this together for CMS. Legislation is pending on this, but CMS wants to see the numbers. The mailing went out last Friday, labeled ASAP. The NPRN for Claims Attachments goes through Dept of Human Services to OMB. The changes now have to go back from OMB to the Dept of Human Services. The changes can take up to 90 days. They are hoping that the interim edit will be out by the last Friday in May.

The paper 1500 is open for public comment, but it ends February 15, 2005. They are aligning the 1500 more towards the actual 837, and they've allowed for the NPI. Please look at that and submit any issues you may have with that.

There is a white paper posted to the WEDI/SNIP website under 'white papers.' It is a coordination of benefits; you may want to look at that.

HP – How do we deal with the many locations a provider may have, since the NPI doesn't care about the locations?
Mary Kay McDaniel – Addresses on the 837. The first address line and the zip code. That is a big issue for most people. That, and how do you derive a payment by specialty type.

Another white paper is getting ready to go out. That is 'Potential Barriers to Implementation of the 835 transactions.'

HP – Our problem is finding testing partners.
Lori Petre – We can share with you our testing partners, if that will help.

ACTION ITEM - A-835-00433

Mary Kay McDaniel – I'm going to X12 next week, if anyone needs me to take something to the committee. One thing happening on Sunday is the Claim Adjustment Reason Code Committee. They have a large request to expand Claim Adjustment Group Codes and Claim Adjustment Reason Codes. If you want to be a part of that, they will be diagramming the Guidelines. The Claim Adjustment Group Codes are Payer initiated: AA – Other; CO – Contractual; PR – Patient Responsibility. What providers were seeing is that although they want to post electronically, they get an adjustment group code that tells them it's a contractual write-off, but it was actually the patient deductible. That's not a contractual write-off, that's actually a receivable. The combination of the codes is giving a lot of providers trouble. The industry group is working on it, if you want to look at that, let me know; I have it. We've been working on it, but mostly those are for the commercial world. We have a really big group of providers participating.

For X12, most of the Guides are out now. The 5010's are out, and the 835. As written, the 835 will cause us grief. It talks about encounters in that document. In that paper, they consider an encounter as a zero pay claim. The instructions are for a biller to submit zero as total billed charges. Reporting at AHCCCS uses the total billed charges and line items covered. There are a couple other items in there

affected by this. AHCCCS will be putting together a write-up for the public comment. I'm also working on the 837 public comments. The 837 co-chairs are dissatisfied as well. They were looking at it from a financial perspective.

This is your opportunity to let the X12 committee know of any concerns. After the Public Comment Period closes, they make the changes to those guides. There will not be addenda this time. They consider these are not considered the Communications Guides. These are actually Technical Report 3. Once these are finalized at X12, no changes can be made. Any changes will go into the next version. We strongly recommend you look at these.

837s are out there, institutional, professional, and data recording. There will be an interim meeting in April in St. Louis to look at the public comments. They are expecting 20,000 comments. If you don't comment then, nothing changes.

Finally, there is a new committee; the Council for Affordable Quality Healthcare has put together a group called Committee on Operating Rules on Information Exchange. They will write the business definition of how the 270/271 should look and feel across the board for the industry. What they want is for any time a 270 is submitted by a provider, the information returned is standard across the board. You can find information on their website. February 15, 2005 at 1:30 AZ time, the WEDI/SNIP business issues will be hosting their presentation at 3 p.m. You can join them by phone at 706-643-1108, pass code 235632. This presentation will include the overview of what will come out of this workgroup.

ACTION ITEM - A-270-00435

Mary Kay McDaniel – Is anyone interested in having a meeting to discuss any of the Guidelines?
Lori Petre – If anyone is interested, please send an email to the workgroup. Again, if we provide a united voice, we've got that much more power to what we say.

FOLLOW-UP ITEM – R-OTH-00437
HP – Last meeting we asked if we could add Business Processes for the web-based claims.
Lori Petre – I don't have anything on that yet, but we will target this information for the next meeting.

Wrap-Up – (Lori Petre)
Thank you for coming.

APPENDIX – ACTION ITEMS

Issue/Action #	From Consortium	Assigned to	Description and *Resolution*	Status
A-835-00433	02-02-2005	Lori Petre	Another white paper is getting ready to go out. That is 'Potential Barriers to Implementation of the 835 transactions.' HP – Our problem is finding testing partners. Lori Petre – We can share with you our testing partners. *Emailed 2/8/2005*	Completed 2/8
A-OTH-00434	02-02-2005	Mary Kay McDaniel	Email HPS The Council for Affordable Quality Healthcare has put together a group called Committee on Operating Rules on Information Exchange. They will write the business definition of how the 270/271 should look and feel across the board for the industry. What they want is for any time a 270 is submitted by a provider, the information returned is standard across the board. You can find information on their website. February 15, 2005 at 1:30 AZ time, the WEDI/SNIP business issues will be hosting their presentation at 3 p.m. You can join them by phone at 706-643-1108, pass code 235632. This presentation will include the overview of what will come out of this workgroup.	Open – Awaiting Information
R-OTH-00437	02-02-2005	Brent Ratterree	HP – Last meeting we asked if we could add Business Processes for the web-based claims. Lori Petre – I don't have anything on that yet.	Open – Awaiting Information